

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

SUBMIT IN TRIPLICATE*
(Other instructions on reverse side)

Form approved.
Budget Bureau No. 1004-0135
Expires August 31, 1985

151

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT—" for such proposals.)

<p>1. OIL WELL <input checked="" type="checkbox"/> GAS WELL <input type="checkbox"/> OTHER <input type="checkbox"/></p> <p>2. NAME OF OPERATOR Bettis, Boyle & Stovall ✓</p> <p>3. ADDRESS OF OPERATOR P. O. Box 1240, Graham, Texas 76046</p> <p>4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.) At surface 1980' FWL & 1580' FSL</p>		<p>5. LEASE DESIGNATION AND SERIAL NO. MM-14778</p> <p>6. IF INDIAN, ALLOTTEE OR TRIBE NAME</p> <p>7. UNIT AGREEMENT NAME Corral Draw</p> <p>8. FARM OR LEASE NAME Corral Draw</p> <p>9. WELL NO. -2-</p> <p>10. FIELD AND POOL, OR WILDCAT W. Corral Canyon Delaware</p> <p>11. SEC., T., R., M., OR BLK. AND SURVEY OR ARMA Section 22, T25S-R29E</p>	
14. PERMIT NO.	16. ELEVATIONS (Show whether DF, RT, OR, etc.) KB 3078	12. COUNTY OR PARISH Eddy	13. STATE NM

Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

<p><input type="checkbox"/> TEST WATER SHUT-OFF</p> <p><input type="checkbox"/> FRACTURE TREAT</p> <p><input type="checkbox"/> SHOOT OR ACIDIZE</p> <p><input type="checkbox"/> REPAIR WELL</p> <p><input type="checkbox"/> (Other)</p>	<p><input type="checkbox"/> PULL OR ALTER CASING</p> <p><input type="checkbox"/> MULTIPLE COMPLETE</p> <p><input type="checkbox"/> ABANDON*</p> <p><input type="checkbox"/> CHANGE PLANS</p>
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SUBSEQUENT REPORT OF:

<p><input type="checkbox"/> WATER SHUT-OFF</p> <p><input type="checkbox"/> FRACTURE TREATMENT</p> <p><input type="checkbox"/> SHOOTING OR ACIDIZING</p> <p><input type="checkbox"/> (Other) casing integrity test</p>	<p><input type="checkbox"/> REPAIRING WELL</p> <p><input type="checkbox"/> ALTERING CASING</p> <p><input type="checkbox"/> ABANDONMENT*</p>
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(NOTE: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. **DESCRIBE PROPOSED OR COMPLETED OPERATIONS** (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)*

BLM notified at 11:30
AM 6/19/90

RE: 31624(067) 11/2/89-

6-19-90 - MIRU Cobra Well Service pulling unit; POOH with tubing ; RIH with packer and tubing; set packer at 3126', fill backside with water. Well pressure tested to 515 psi by Lonnie Gossett w/Roldund Trucking Company with Rich Taylor, company representative for Bettis, Boyle and Stovall witnessing test. Held 515 psi for 25 minutes.
RIH with 100 joints tubing, pack off wellhead, RDMO pressure chart is attached. Approval is requested to keep the well shut-in in a TA status until the economy picks up.

APPROVED FOR 12 MONTH PERIOD

ENDING 6/30/91

RECEIVED
JUL 9 8 42 AM '90
OVAL AREA

18. I hereby certify that the foregoing is true and correct

SIGNED <u>Kim Sigon</u>	TITLE <u>Production Assistant</u>	DATE <u>7/5/90</u>
<small>(This space for Federal or State office use)</small>		
APPROVED BY _____	TITLE _____	DATE <u>8 2 90</u>

CONDITIONS OF APPROVAL, IF ANY:

*See Instructions on Reverse Side